

Once you are approved, you will be required to notify the welfare/social services department (your eligibility worker) of any changes in your situation that may effect your eligibility. These changes include getting married/divorced, getting or losing a job, getting pregnant, address change, as well as any changes to income. If these or any other change occurs you must notify your worker within ten days. In addition, you will receive in the mail a Quarterly Status Report to complete to also account for any changes and to verify your income. If you do not return the Status Report when it is due, you may be discontinued. You will also have a yearly redetermination.

If you have any other questions about CMSP, ask your worker.

If you live in one of the following counties, you may be eligible for CMSP:

Alpine	Mendocino
Amador	Modoc
Butte	Mono
Calaveras	Napa
Colusa	Nevada
Del Norte	Plumas
El Dorado	San Benito
Glenn	Shasta
Humboldt	Sierra
Imperial	Siskiyou
Inyo	Solano
Kings	Sonoma
Lake	Sutter
Lassen	Tehama
Madera	Trinity
Marin	Tuolumne
Mariposa	Yuba

For information about your case, or general information about CMSP, contact your eligibility worker or the county welfare department.

If you have questions about claims submitted to CMSP for payment or covered services, you may call the Beneficiary Inquiry Unit at (916) 636-1980. Calls regarding dental services may be directed to Delta Dental at 1 (800) 322-6384.

The CMSP General Information Number is (916) 322-1478.

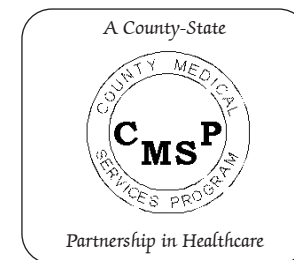
Currently, covered services include:

- Acute Inpatient Hospital Care
- Adult Day Health Care
- Audiology and Hearing Aids
- Blood & Blood Derivatives
- Chronic Hemodialysis Services
- Dental Services
- Durable Medical Equipment
- Emergency and Nonemergency Medical Transportation
- Eyeglasses and Eye Appliances
- Home Health Agency Services
- Hospital Outpatient and Outpatient Clinic Services
- Laboratory and Radiology Services
- Medical Supplies
- Occupational Therapy
- Optometry Services
- Outpatient Heroin Detoxification (21 day treatment program)
- Physical Therapy
- Physician Services
- Prescription Drugs
- Podiatry Services
- Prosthetic/Orthotic Appliances
- Services in a Rehabilitation Center
- Speech Pathology

Noncovered services are:

Acupuncture
Chiropractic
Long-Term Care/Skilled Nursing Facility Care
Pregnancy-related Services
Psychology
All services not covered by Medi-Cal

COMP—HISP-21 (9/03)



ELIGIBILITY INFORMATION



COUNTY MEDICAL SERVICES PROGRAM
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 552-8015
FAX: (916) 552-8018
www.dhs.ca.gov/cmsp

COUNTY MEDICAL SERVICES PROGRAM

The County Medical Services Program (CMSP) is a unique county/state partnership formed to provide for the medical and dental care needs of individuals age 21–64, residing in California's 34 rural counties.

Created in 1983, the CMSP is administered by the State Department of Health Services, Office of County Health Services. Program policies, including eligibility and benefits, are made by the CMSP Governing Board which is comprised of representatives of CMSP counties, including county supervisors, county administrators, welfare directors and health administrators.

How Do I Apply?

In most counties you will need to apply at the county welfare/social services department. In some counties you may apply at other sites such as the hospital. You should call your county's welfare/social services department for specific information.

When you apply for CMSP, you will be told what information to provide so that the county may determine your eligibility. You should expect to provide Social Security numbers for everyone you are applying for, three current pay stubs or some other form of earned income verification, award letters or other form of verification of income such as State Disability, Unemployment Insurance Benefits, Workman's Compensation payments, etc. You will also be required to verify your resources with bank statements, verification of stocks, bonds, mutual funds, etc.

Depending on your circumstances you may be required to provide other items as well.

Who's Eligible?

Individuals between the ages of 21 and 65 who reside in one of the 34 rural counties of California (see back page) are potentially eligible. To be eligible for CMSP, an individual cannot be eligible for Medi-Cal. If you are a single parent with minor children, have minor children and have become unemployed, receive Social Security Disability, are pregnant, or feel that you are disabled, you should apply for Medi-Cal benefits. The county will determine which programs you may qualify for.

Other requirements must also be met:

Citizenship

A United States citizen or legal immigration status is necessary for full-scope benefits. CMSP county residents with undetermined immigration status may receive restricted emergency and follow-up care only.

Income and Property

CMSP has property requirements that must be met to be eligible for program benefits. While a home, one car, and personal effects are exempt, an individual may only have \$2,000 in liquid assets (bank accounts, CD's, cash, etc.) during the month. Two persons may have \$3,000, three \$3,150, four \$3,300, etc. There are ways to bring excess property within the required limits—speak to your eligibility worker at the county welfare department for more information.

While income does not make one ineligible, if your income exceeds a certain level, you must pay a certain amount of your medical bills before CMSP will begin to pay. The CMSP has established "maintenance need levels" depending on the size of your family. These maintenance need levels are specific income amounts that are allowed for your living expenses. Any amount counted over these limits is considered "excess" and is your Share-of-Cost—what you must pay or obligate to pay of any medical expenses you may receive in a month.

For example, the maintenance need for one person is \$600. If, after certain, limited, amounts are deducted from your gross pay for the month, and your countable net income exceeds \$600, that excess amount is your Share-of-Cost. Some of these deductions include health insurance premiums, court ordered child support or alimony, and a \$90 standard work deduction.

The maintenance need level for two adults is \$934. You will need to provide paystubs or some other verification of income to the county. They will tell you what you need to provide.

How Do I Receive CMSP Benefits?

When the county determines that you are eligible, you will receive an approval notice, and shortly after, a Benefits Identification Card (BIC). This is a plastic card with your name, identification number, and a magnetic strip on it. To receive CMSP benefits you must go to a CMSP provider. Most Medi-Cal providers in California will also accept CMSP but you must find out first if the provider will accept CMSP. If you receive services from a medical provider who does not accept CMSP you will be responsible for paying for those services. It is your responsibility to present your BIC to the provider when you receive services.

When you go to the doctor, pharmacist, or other medical provider, they will "swipe" your BIC through a point of service device which will then inform the provider that you are eligible, if you have a Share-of-Cost and how much is remaining on the Share-of-Cost, and any other applicable restrictions/limitations.

How Do I Find a Doctor That Will Take CMSP?

You should contact your local medical society or health department. You may also call providers to determine if they will accept CMSP, and new patients. The welfare department where you applied for CMSP probably will not have a list of providers. You are not restricted to your county of residence for medical or dental care. You may go to any enrolled provider in any county that will accept CMSP.

What If I Move From My County?

Only the 34 rural counties have a CMSP program. The other counties have "county" programs, which are more restrictive in terms of eligibility criteria or where you may receive services. Some of these counties call their programs "CMSP" also but they are not part of the state administered County Medical Services Program. You must tell your eligibility worker that you are moving. No matter where you move, you will have to reapply for benefits in that county.

What if I Disagree With an Action the County Has Taken?

Anytime the county has taken an action which you disagree with, you may appeal that action. You should first discuss the action with your eligibility worker and the eligibility worker's supervisor. If, however, you remain dissatisfied you may request a hearing. Information is provided on the back of your notice of action or you may send a letter to the county welfare/social services department indicating why you are dissatisfied. If you request a hearing before the date the action is to take place, your benefits will continue until your appeal has been resolved.

The county in which you receive your benefits is responsible for conducting the hearing and ruling on the issue.

If My Application is Approved, When Would My Benefits be Effective?

Your eligibility for CMSP benefits will be effective starting with the first day of the month in which you apply for CMSP.

What If I Need a Service Not Covered by CMSP?

In some situations your doctor may want you to take a certain drug or receive a service which requires additional authorization from the State. If this is the case, a Treatment Authorization Request form, called a "TAR" is required. It is the responsibility of the provider of that service (i.e., physician, pharmacist, etc.) to do this if he/she believes it is necessary. Not all TARs are approved.